



**LAC  
DMH**  
LOS ANGELES COUNTY  
DEPARTMENT OF  
MENTAL HEALTH

## The Office of Consumer and Family Affairs



**Alternatives Conference – Memphis, Tennessee**

**“Believe in ourselves. Believe in our culture. Believe in Alternatives”**

### **SCHOLARSHIP APPLICATION** (complete ALL boxes)

First Name	Last Name	Birthdate
Home Address		Zip Code
Home Phone number	Cell Phone number	Fax number (if applicable)
EMAIL		
Please check one that applies to you <input type="checkbox"/> Client/Consumer <input type="checkbox"/> Family Member (relation)* _____ <input type="checkbox"/> Caregiver*		
*For family member or caregiver, please provide information of relative or client you are providing care to		
*First Name	*Last Name	*Birthdate
Mental Health Clinic Affiliation	Therapist/Case Manager	Telephone number

#### *Eligibility Criteria (please initial first and last name)*

- \_\_\_\_\_ Applicants must be 18 years old or older and willing and able to travel to and from Alternatives Conference via plane and shuttle.
- \_\_\_\_\_ Applicants cannot have attended an Alternatives Conference on a scholarship in the past.
- \_\_\_\_\_ Applicants will not be able to attend another conference outside of LA County with a DMH scholarship for the current fiscal year.
- \_\_\_\_\_ Applicants must submit a complete scholarship application. Incomplete applications will not be reviewed.
- \_\_\_\_\_ Applicants must submit a copy of their certificate(s) of completion from any peer related training.
- \_\_\_\_\_ Applicants must be available for an interview with the Office of Consumer and Family Affairs scholarship committee.
- \_\_\_\_\_ Applicants must be willing and able to provide information gathered at the conference to peers in either oral and written form after the conference.
- \_\_\_\_\_ Please identify where and when the information will be shared: \_\_\_\_\_

Please email, fax, mail or submit in person completed registration form and payment (if applicable) to:

Hera Patail, MSW  
County of Los Angeles Department of Mental Health  
The Office of Consumer and Family Affairs  
550 S. Vermont Avenue, Suite 502, Los Angeles, CA 90020

FAX: (213) 252-8767  
EMAIL: [scholarship@dmh.lacounty.gov](mailto:scholarship@dmh.lacounty.gov)

For questions on registration and conference please contact: 213-738-3948

#### **FOR OCFA USE ONLY:**

- ☐ Client/Consumer information  
☐ Completed application

☐ Approved

☐ Not approved

Application reviewed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## 2015 Alternatives Conference – Memphis, Tennessee

**“Believe in ourselves. Believe in our culture. Believe in Alternatives”**

### **SCHOLARSHIP ANNOUNCEMENT**

You are cordially invited to apply for a scholarship to attend the Alternatives Conference. The Alternatives Conference will be held on October 14 until October 18, 2015, in Memphis, Tennessee. “This year, we focus on the power of believing in ourselves, our cultures, and each other. Belief in the promise of peer support and recovery, along with the evidence to support it, has transformed the mental health system and helped grow a national and international community of peers and supporters.”

The scholarship will cover the registration fee to attend the conference, transportation fees (flights and baggage fees, shuttle/bus/taxi to the airport and hotel), and five meals (one lunch, four dinners). Any other expenses incurred to attend the conference will be the responsibility of the participant. You must also complete the Alternatives Conference registration form.

Your submission is not a guarantee of approval. The Office of Consumer & Family Affairs staff will review all submitted scholarship applications to determine awardees. The last day to submit your application is August 28<sup>th</sup>, 2015. Late applications will not be accepted. We will notify you via phone or email no later than Thursday, September 10<sup>th</sup>, 2015 if your application was approved.

Please complete the following questions.

A. Please state how you would benefit from this scholarship.

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B. Why are you interested in attending this particular conference?

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C. Tell us something about your background (including personal experience, groups you belong to, self-help and advocacy activities you participate in, etc.)

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D. If you are selected for the scholarship, how will you share the information you learn at the conference with clients in the community? Name the client groups with whom you will share the information.

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E. Have you applied for another scholarship for this conference? NO \_\_\_ YES \_\_\_

I certify that the above information is accurate and complete, and I understand that I am competing for one of ten scholarships to be awarded.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SCHEDULE AT A GLANCE

### Wednesday, October 14, 2015

2:00 p.m. - 6:00 p.m.....	Registration
4:00 p.m. - 5:00 p.m.....	Newcomer's Orientation
6:30 p.m. - 8:30 p.m.....	Opening Dinner/Welcome

### Thursday, October 15, 2015

7:00 a.m. - 8:30 a.m.....	Breakfast
7:30 a.m. - 5:00 p.m.....	Registration
8:30 a.m. - 9:30 a.m.....	Keynote Session/Welcome
10:00 a.m. - 11:30 a.m.....	Concurrent Sessions
11:30 a.m. - 5:30 p.m.....	Exhibits Open
12:00 p.m. - 1:15 p.m.....	Luncheon/Networking
1:30 p.m. - 3:00 p.m.....	Concurrent Sessions
3:00 p.m. - 3:30 p.m.....	Refreshment Break
3:30 p.m. - 5:00 p.m.....	Concurrent Sessions
5:00 p.m. - 7:00 p.m.....	Dinner on Your Own
7:00 p.m. - 8:30 p.m.....	Caucus Sessions

### Friday, October 16, 2015

7:00 a.m. - 8:30 a.m.....	Breakfast
8:30 a.m. - 9:30 a.m.....	Keynote Session
10:00 a.m. - 11:30 a.m.....	Concurrent Sessions
10:00 a.m. - 5:30 p.m.....	Exhibits Open
12:00 p.m. - 1:15 p.m.....	Luncheon/Networking
1:30 p.m. - 5:00 p.m.....	Concurrent Sessions
3:00 p.m. - 3:30 p.m.....	Refreshment Break
5:00 p.m. - 7:00 p.m.....	Dinner on Your Own
7:00 p.m. - 8:30 p.m.....	Caucus Sessions
8:00 p.m. - 11:00 p.m.....	Open Mic Night

### Saturday, October 17, 2015

7:00 a.m. - 8:30 a.m.....	Breakfast
8:30 a.m. - 9:30 a.m.....	Keynote Session
10:00 a.m. - 11:30 a.m.....	Concurrent Sessions
10:00 a.m. - 3:30 p.m.....	Exhibits Open
12:00 p.m. - 1:15 p.m.....	Luncheon/Networking
1:30 p.m. - 3:00 p.m.....	Concurrent Sessions
3:00 p.m. - 3:30 p.m.....	Refreshment Break
3:30 p.m. - 5:00 p.m.....	Concurrent Sessions
5:00 p.m. - 7:00 p.m.....	Dinner on Your Own
7:00 p.m. - 8:30 p.m.....	Caucus Sessions
9:00 p.m. - 12:00 a.m.....	Conference Celebration

### Sunday, October 18, 2015

9:00 a.m. - 11:00 a.m.....	Brunch/Closing Session and Wrap-Up
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## HIGHLIGHTS

» Each morning will begin with a keynote session. (Thursday - Saturday)

» Daily luncheons provide attendees with an excellent opportunity for networking.

## REMEMBER TO

• **FILL OUT THE REGISTRATION FORM COMPLETELY** and send with full payment by check, money order, or credit card. To get the lowest rates, register by August 1, 2015.

*Note: Registrations received without payment or valid purchase order will not be processed.*

• **GROUP REGISTRATIONS** If you are wanting to register a group of attendees for conference, please contact Alice Sasser at [alice.sasser@horizonmeetings.com](mailto:alice.sasser@horizonmeetings.com)

• **INDICATE ANY SPECIAL CONSIDERATIONS** on your registration form and return it as early as possible.

*(DEADLINE: Sept. 22, 2015.) We may not be able to accommodate special considerations after the deadline.*

• **MAKE HOTEL RESERVATIONS BY SEP 29, 2015, TO RECEIVE THE DISCOUNTED CONFERENCE RATE.** Reserve early for best availability of rooms, including accessible accommodations.

• **MAKE ALL OF YOUR TRAVEL ARRANGEMENTS EARLY** (bus, plane, train, reserving a rental car, etc.) to guarantee availability and the best rates.

# ALTERNATIVES 2015 REGISTRATION FORM

Complete & Submit via Mail or Fax...or Register Online at the [Alternatives Online Registration Site](#)

Name: \_\_\_\_\_ Nickname for badge: \_\_\_\_\_

Group/Organization: \_\_\_\_\_

Address (☐ home ☐ work): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's primary phone: \_\_\_\_\_ Contact's alternative phone: \_\_\_\_\_

Special Considerations (must be requested by Sept. 22, 2015 - diet, disability/accessibility needs, etc.)

(Please be specific): \_\_\_\_\_

Interpretation needs: ☐ ASL ☐ Other \_\_\_\_\_

Have you attended an Alternatives Conference Previously? ☐ Yes ☐ No

Would you like to volunteer as a Peer Mentor during the conference? (Volunteer mentors will be identified with a special ribbon and will agree to reach out to those who are attending for the first time or who are travelling alone) ☐ Yes ☐ No

T-shirt Size: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X ☐ 3X ☐ 4X ☐ 5X ☐ 6X ☐ Other \_\_\_\_\_

**CONFERENCE FEES** Includes all workshops, institutes, plenary sessions, caucuses and Wednesday, Friday and Saturday evening events. Hotel Room is not included.

**Early Bird** (June 1- Aug. 13) **Regular** (Aug. 14 - Sept. 27) **On-site** (Sept. 28 - On-site)

☐ **FULL REGISTRATION** (Includes Wednesday evening dinner; breakfast and lunch Thursday - Saturday; Sunday breakfast)

\$375

\$425

\$450

☐ **ONE DAY REGISTRATION** (Includes workshops, institutes and food functions on one specific day)(Indicate day):

\$135

\$150

\$165

☐ Thursday ☐ Friday ☐ Saturday

☐ **WEDNESDAY ONLY** (Includes Opening/Welcome Dinner)

\$50

\$50

\$50

Total registration fee for option(s) selected \$ \_\_\_\_\_

**FOOD EVENTS** Please select only the events you WILL attend. You can only attend events that are included in your Registration Type

**Details**

**Date**

☐ Wednesday Opening Dinner Oct. 14, 2015

☐ Thursday Breakfast Oct. 15, 2015

☐ Thursday Luncheon Oct. 15, 2015

☐ Friday Breakfast Oct. 16, 2015

☐ Friday Luncheon Oct. 16, 2015

☐ Saturday Breakfast Oct. 17, 2015

☐ Saturday Luncheon Oct. 17, 2015

☐ Sunday Brunch & Closing Session Oct. 18, 2015

**PAYMENT OPTIONS** Refund Policy -- Cancellations must be received in writing. If cancellation is requested on or before Sept. 22 you will receive a full refund, minus a \$35-per-person administration processing fee. After Sept. 22, registrations will not be refunded. Registrants who are no-shows for the conference will not receive a refund.

☐ Check/Money Order -- Make payable to Alternatives 2015/ MHAO and enclose with registration form

☐ Credit Card ☐ MasterCard ☐ VISA ☐ PO No. \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-digit code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Registrations submitted without payment or a purchase order document from the sponsoring organization will NOT be processed. Payment or a PO is required for registration.

Online: [Alternatives Website](#)

E-mail: [Alice.Sasser@horizonmeetings.com](mailto:Alice.Sasser@horizonmeetings.com)

Mail: Alternatives 2015  
c/o Horizon Meetings, P.O. Box 500209  
Austin, TX 78750

Fax: (877) 318-2309

Questions: Alice Sasser (877) 843-6265 ext. 702

**Are you interested in reserving space for an exhibit or caucus session?**

If you would like to apply for a caucus or exhibit, please go to the [Alternatives Website](#) and complete the exhibit and/or caucus forms. Space is limited.